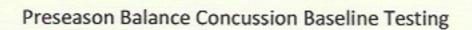
## Institute of Physical Medicine Sports Therapy, Inc.



Name	Age	Grade FR SO JR S	iR .
Cell Phone E	mail		
Physician's Name		Sport	
Position(s)			
History of concussions yes no If	yes, dates of in	jury	
Signature		_ Date	
The Biodex Balance Assessment is a clinical test three sensory feedback systems (visual, vestibut management protocol is not intended to replact to competition following any injury, including a used for return to play, depending on the high understanding of the Biodex Balance assessme signing below, student and parent/guardians returned the protocol of the Biodex Balance assessme signing below, student and parent/guardians returned the protocol of the Biodex Balance assessme signing below, student and parent/guardians returned the protocol of the Biodex Balance assessme signing below, student and parent/guardians returned to the protocol of the Biodex Balance assessment is a clinical testing the protocol of the Biodex Balance assessment is a clinical testing the Biodex Balance assessment	ular and somatose ce the physician evolution. The school athletic dep int for concussion re elease and hold ha claims, cause of a any and all damag	nsory). This component of the valuation that is necessary for a IMPACT testing is also a component partment's policy. For further management, refer to <u>www.bi</u> irmless Institute of Physical Me iction, damages and demands of tes, including personal injury to	concussion an athlete to return onent that may be explanation or odex.com. By edicine & Sports of any kind
Parent/legal Guardian Signature	Date S	tudent Signature	Date